## OUTCOMES OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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**Background:** There is limited data on the safety of endoscopic retrograde cholangiopancreatography (ERCP) in patients with Inflammatory Bowel Diseases (IBD).

**Method:** The National Inpatient Sample (NIS) is an inpatient database of approximately 20% of inpatient admissions to nonfederal hospitals in the United States. Data from the years 2009 to 2014 were collected. Patients over 18 years with IBD who had undergone ERCP (n=1519) were included. Case-control 2:1 matching was done based on gender, age, race and Charlson Comorbidity Index (CCI). Complications and mortality were evaluated for IBD patients against controls. Logistic regression analyses were done to obtain adjusted odds ratios (aOR).

**Results:** Between 2009 and 2014 there were 1519 patients with IBD aged older than 18 years who had undergone an ERCP. Age, sex, CCI, and race were all matched without statistically significant differences between cases and controls. We used binary logistic regression models for mortality and post ERCP complications. Results are presented in Table 1.

We found significant differences between IBD and non-IBD patients for post-ERCP pancreatitis (aOR 13.38, 95% CI 1.45-1.24) and post-ERCP Infection (aOR 1.21, CI 1.01-1.45). However, there was no significant differences between IBD and non-IBD patients for post-ERCP mortality (aOR 1.29, 95% CI 0.73-2.71), post-ERCP cholecystitis (aOR 2.11, 95% CI 0.76-5.84), post-ERCP perforation (aOR 4.01, 95% CI 0.36-44.27), or post-ERCP bleeding (aOR 0.72, 95% CI 0.28-1.83).

**Conclusion:** IBD is an independent risk factor for post-ERCP pancreatitis and post-ERCP infection. However, post-ERCP cholecystitis, post-ERCP perforation, post-ERCP bleeding, and post-ERCP mortality were not significantly higher in IBD patients when compared to controls. ERCP may be safe in patients with IBD; however, to decrease complications such as post-ERCP infection and pancreatitis, we need to consider antibiotic prophylaxis, peri-procedural fluid resuscitation, and NSAID suppositories in patients with IBD. More prospective research would be useful to further elucidate these relationships.

IBD

		IBD						
			Absent			Present		
		Median	Standard Deviation	%	Median	Standard Deviation	%	P-value
Age in years at admission		57	17.7		57	17.5		0.689
Sex	Male	•		51			51	1
	Female			49			49	
Race	White			83.7			83.6	1
	Black			8.2			8.2	
	Hispanic			4.9			4.8	
	Asian/Pacific Islander			1.1			1.1	
	Native American			0.1			0.1	
	Other			2.1			2.2	
Insurance	Medicare			40.6			41	<0.001
	Medicaid			15.9			8.6	
	Private insurance			36.4			43.2	
	Self-pay			4.2			3.4	
	No charge			0.4			0.3	
	Other			2.5			3.4	
Hospital Size	Small			15.4			8.3	<0.001
	Medium			24.7			20.7	
	Large			59.9			71	
Region of hospital	Northeast			67.9			23.8	<0.001
	Midwest			23.1			21.2	
	South			7.9			34.9	
	West			1.1			20.2	
Hospital Location & Teaching Status	Rural			4.2			3.7	<0.001
	Urban nonteaching			16.7			26.9	
	Urban teaching			79.1			69.4	
Died during hospitalization	Alive			98.9			98.6	0.473
	Dead			1.1			1.4	
Length of stay (days)		4	8		5	11.9		<0.001
Total charges (\$)		43994	90996		42737	89402		0.025
Median household income national quartile for patient ZIP	0-25th			19.3			21.1	0.287
	26-50th			24.8			23.5	
	51-75th			25.2			26.4	
	76-100th			30.7			29	